

**AMENDMENTS TO THE CLAIMS:**

This listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims:**

Claims 1-199. Canceled

200. (previously presented) A method of treating a lesion within a blood vessel that supplies blood to the heart, comprising:

    placing a non-occluding guide catheter proximate the ostium of the blood vessel;

    inserting an evacuation sheath within the guide catheter, the evacuation sheath having proximal and distal ends, an evacuation lumen, and at least one sealing surface proximate the distal end, the sealing surface being configured to seal against an inner surface of the blood vessel;

    positioning the sealing surface within the blood vessel proximal to the lesion to be treated;

    inserting a dilation catheter into the evacuation sheath, the dilation catheter having a dilation balloon;

    advancing the dilation catheter into the blood vessel to a position where the dilation balloon is proximal to the lesion to be treated;

    prior to advancing the dilation balloon across the lesion to be treated, deploying the at least one sealing surface to occlude normal antegrade flow within the blood vessel;

    advancing the dilation balloon across the lesion to be treated;

dilating the lesion to be treated with the dilation balloon; and  
subsequent to dilating the lesion, using active suction to induce retrograde  
flow within the blood vessel.

201. (previously presented) The method of claim 200, further comprising  
advancing a guidewire through the evacuation sheath to a position proximal to the lesion  
to be treated.

202. (previously presented) The method of claim 201, wherein advancing the  
dilation catheter into the blood vessel includes advancing the dilation catheter over the  
guidewire.

203. (previously presented) The method of claim 201, further comprising  
advancing the guidewire to a position distal to the lesion to be treated.

204. (previously presented) The method of claim 203, wherein the guidewire  
is advanced to a position distal to the lesion subsequent to deploying the at least one  
sealing surface to occlude normal antegrade flow within the blood vessel.

205. (previously presented) The method of claim 200, wherein inserting the  
dilation catheter includes advancing a stent into the blood vessel.

206. (previously presented) The method of claim 200, wherein dilating the  
lesion to be treated with the dilation balloon includes positioning a stent proximate the  
lesion.

207. (previously presented) The method of claim 200, further comprising  
infusing a contrast agent through the guide catheter into the blood vessel.

208. (previously presented) The method of claim 207, wherein infusing the contrast agent includes infusing the contrast agent through the evacuation lumen of the evacuation sheath.

209. (previously presented) The method of claim 200, wherein positioning the at least one sealing surface includes advancing the evacuation sheath beyond a major side branch of the blood vessel.

210. (previously presented) The method of claim 200, wherein the non-occluding guide catheter has a substantially uniform cross-section along its length.

211. (previously presented) The method of claim 200, wherein the non-occluding guide catheter does not include an occlusive device.

212. (previously presented) A method of treating a lesion within a blood vessel that supplies blood to the heart, comprising:

placing a guide catheter proximate the ostium of the blood vessel;  
inserting an evacuation sheath within the guide catheter, the evacuation sheath having proximal and distal ends, an evacuation lumen, and at least one sealing surface proximate the distal end, the sealing surface being configured to seal against an inner surface of the blood vessel;

positioning the sealing surface within the blood vessel proximal to the lesion to be treated;

infusing a contrast agent into the blood vessel, wherein at least a portion of the contrast agent passes through the evacuation lumen of the evacuation sheath into the blood vessel;

inserting a dilation catheter into the evacuation sheath, the dilation catheter having a dilation balloon;

advancing the dilation catheter into the blood vessel to a position where the dilation balloon is proximal to the lesion to be treated;

prior to advancing the dilation balloon across the lesion to be treated, deploying the at least one sealing surface to occlude normal antegrade flow within the blood vessel;

advancing the dilation balloon across the lesion to be treated; dilating the lesion to be treated with the dilation balloon; and subsequent to dilating the lesion, inducing retrograde flow within the blood vessel.

213. (previously presented) The method of claim 212, further comprising advancing a guidewire through the evacuation sheath to a position proximal to the lesion to be treated.

214. (previously presented) The method of claim 213, wherein advancing the dilation catheter into the blood vessel includes advancing the dilation catheter over the guidewire.

215. (previously presented) The method of claim 213, further comprising advancing the guidewire to a position distal to the lesion to be treated.

216. (previously presented) The method of claim 215, wherein the guidewire is advanced to a position distal to the lesion subsequent to deploying the at least one sealing surface to occlude normal antegrade flow within the blood vessel.

217. (previously presented) The method of claim 212, wherein inserting the dilation catheter includes advancing a stent into the blood vessel.

218. (previously presented) The method of claim 212, wherein dilating the lesion to be treated with the dilation balloon includes positioning a stent proximate the lesion.

219. (previously presented) The method of claim 212, further comprising removing the contrast agent from the blood vessel.

220. (previously presented) The method of claim 219, wherein removing the contrast agent includes inducing retrograde flow in the blood vessel.

221. (previously presented) The method of claim 212, wherein positioning the at least one sealing surface includes advancing the evacuation sheath beyond a major side branch of the blood vessel.

222. (previously presented) The method of claim 212, wherein inducing retrograde flow includes applying active suction to the evacuation lumen of the evacuation sheath.

223. (new) The method of claim 200, wherein advancing the dilation balloon across the lesion to be treated includes advancing the dilation balloon prior to using active suction to induce retrograde flow within the blood vessel.

224. (new) The method of claim 204, wherein the guidewire is advanced across the lesion to be treated prior to using active suction to induce retrograde flow within the blood vessel.

225. (new) The method of claim 200, wherein retrograde flow is induced within the blood vessel only after dilating the lesion.

226. (new) The method of claim 200, wherein the evacuation sheath includes a second sealing surface proximate its proximal end, and wherein deploying the at least one sealing surface to occlude normal antegrade flow within the blood vessel includes deploying both the at least one sealing surface and the second sealing surface.

227. (new) The method of claim 226, wherein deploying the second sealing surface includes creating a seal between the guide catheter and the evacuation sheath.

228. (new) The method of claim 200, wherein advancing the dilation balloon across the lesion to be treated includes advancing the dilation balloon without active suction.

229. (new) The method of claim 200, further comprising advancing a guidewire across the lesion to be treated without active suction.

230. (new) The method of claim 212, wherein advancing the dilation balloon across the lesion to be treated includes advancing the dilation balloon prior to using active suction to induce retrograde flow within the blood vessel.

231. (new) The method of claim 215, wherein the guidewire is advanced to a position distal to the lesion prior to using active suction to induce retrograde flow within the blood vessel.

232. (new) The method of claim 212, wherein retrograde flow is induced within the blood vessel only after dilating the lesion.

233. (new) The method of claim 212, wherein the evacuation sheath includes a second sealing surface proximate its proximal end, and wherein deploying the at least one sealing surface to occlude normal antegrade flow within the blood vessel includes deploying both the at least one sealing surface and the second sealing surface.

234. (new) The method of claim 233, wherein deploying the second sealing surface includes creating a seal between the guide catheter and the evacuation sheath.

235. (new) The method of claim 212, wherein advancing the dilation balloon across the lesion to be treated includes advancing the dilation balloon without active suction.

236. (new) The method of claim 212, further comprising advancing a guidewire across the lesion to be treated without active suction.